



## **CUSTOMER FOCUSED HEALTH CARE DELIVERY AND SATISFACTION**

**June 2004**

Am Fam Physician. 2004 May 1;69(9):2255-6, 2259.

The right to know--but at what cost?

Kasman D.

Department of Internal Medicine and Center for Clinical Bioethics, Georgetown University Medical Center, Washington, DC, USA.

PMID: 15152971 [PubMed - indexed for MEDLINE]

Am Fam Physician. 2004 May 1;69(9):2077-8.

Functional health literacy: improving health outcomes.

Hixon AL.

Department of Family Medicine, University of Connecticut School of Medicine, Farmington, Connecticut 06105, USA.

PMID: 15152955 [PubMed - indexed for MEDLINE]

Arch Intern Med. 2004 May 10;164(9):1015-20.

Comment in:

Arch Intern Med. 2004 May 10;164(9):930-2.

Patient characteristics and experiences associated with trust in specialist physicians.

Keating NL, Gandhi TK, Orav EJ, Bates DW, Ayanian JZ.

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**BACKGROUND:** Nearly half of all medical visits are to specialist physicians, yet little is known about patients' outpatient experiences with specialists or how patients' characteristics and experiences are related to trust in specialist physicians. **METHODS:** We surveyed patients who had a new patient visit with a cardiologist, neurologist, nephrologist, gastroenterologist, or rheumatologist practicing in hospital-based practices (response rate, 73%; N = 417) and inquired about their experiences with care and trust in the specialist physician. We used multivariable models to assess associations of patients' characteristics and experiences with trust. **RESULTS:** Most patients reported good experiences, and 79% reported complete confidence and trust in the specialist. Black patients were less trusting than white patients (risk ratio [RR], 0.5; 95%

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confidence interval [CI], 0.2-0.8). Patients were more trusting if they reported that the consultant listened (RR, 1.8; 95% CI, 1.0-2.5), received as much information as they wanted (RR, 1.6; 95% CI, 1.1-1.9), were told what to do if problems or symptoms continued, got worse, or returned (RR, 1.4; 95% CI, 1.2-1.5), were involved in decisions as much as they wanted (RR, 1.5; 95% CI, 1.2-1.8), and spent as much time as they wanted with the specialist (RR, 1.8; 95% CI, 1.3-2.2). CONCLUSIONS: Patients reported high levels of trust in specialist physicians after an initial visit. Several specific experiences were associated with higher trust, suggesting that efforts to improve patient-physician interactions may be successful at achieving trust. Such efforts should especially aim to optimize physicians' interactions with black patients, who were less trusting of specialist physicians.

Publication Types:

Multicenter Study

PMID: 15136312 [PubMed - indexed for MEDLINE]

Arch Intern Med. 2004 Apr 26;164(8):825-30.

Humor in the physician-patient encounter.

Berger JT, Coulehan J, Belling C.

Winthrop-University Hospital, 222 Station Plaza N, Suite 518, Mineola, NY 11501,

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PMID: 15111367 [PubMed - indexed for MEDLINE]

BJU Int. 2004 May;93(7):965-9.

Preferences for sexual information resources in patients treated for early-stage prostate cancer with either radical prostatectomy or brachytherapy.

Davison BJ, Keyes M, Elliott S, Berkowitz J, Goldenberg SL.

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OBJECTIVE: To identify the preferences for sexual information resources of patients before and after definitive treatment for early-stage prostate cancer with either radical prostatectomy (RP) or brachytherapy. PATIENTS AND METHODS: Two hundred patients (mean age 64 years) treated with either RP or brachytherapy were recruited from radiation oncology (100) and urology (100) outpatient clinics. Patients completed a survey questionnaire to identify the types of information used, preferred sources of information, knowledge of treatments for erectile dysfunction (ED), effect of sexual function on the treatment decision, and the International Index of Erectile Function (IIEF) to assess their current level of sexual function. RESULTS: Urologists were identified as the main source of sexual information. Written information, Internet access and videos were identified as preferred sources of information before and after treatment. The effects of treatment on sexual function had no apparent significant influence on the men's definitive treatment choice. Compared with patients in the brachytherapy group, patients in the RP group reported having significantly higher levels of sexual desire ( $P < 0.001$ ) after treatment, but otherwise the erectile domains of the groups were remarkably similar. Two-thirds of patients wanted more information on the effects of treatment on sexual function, and on available treatments for ED. CONCLUSIONS: These results support the need for physicians to offer patients access to information on the effect of treatment for early-stage prostate cancer on erectile function before and after treatment. PMID: 15142144 [PubMed - indexed for MEDLINE]

BMJ. 2004 May 15;328(7449):1188-90.

Learning from e-patients at Massachusetts General Hospital.  
Lester J, Prady S, Finegan Y, Hoch D.  
Massachusetts General Hospital, Boston, MA 02114, USA.  
PMID: 15142930 [PubMed - indexed for MEDLINE]

BMJ. 2004 May 15;328(7449):1184-7.

The clinician's perspective on electronic health records and how they can affect patient care.  
Walsh SH.  
Birmingham Heartlands and Solihull NHS Trust, Solihull Hospital, Solihull B91 2JL. stephen.walsh@heartsol.wmids.nhs.uk  
Publication Types:  
Review  
Review, Tutorial  
PMID: 15142929 [PubMed - indexed for MEDLINE]

Can J Nurs Res. 2004 Mar;36(1):122-41.

Mediating complaints against nurses: a consumer-oriented educational approach.  
Beardwood BA, French SE.  
Division of Social Science, York University, 4700 Keele Street, Toronto, Ontario M3J 1P3, Canada.  
A participatory evaluative method was used to assess the effectiveness of mediation as carried out by the College of Nurses of Ontario. Qualitative methods were used to examine 34 cases between 1994 and 1998, of which 23 had been successful and 11 aborted. For purposes of comparison, the researchers developed a template of interviews with College personnel and documents, incorporating the College's philosophy and expectations of the process. Semistructured interviews were conducted with 44 participants in the mediation process. In addition, focus group sessions were held with Investigators and Practice Consultants. The data were analyzed using the template and themes were generated. The process was found to be stressful for all parties but was also found to be educational, to address system complaints, and to achieve initial goals. The College was found to be powerless to demand system reforms and to be dependent on the cooperation of each facility.  
Publication Types:  
Evaluation Studies  
PMID: 15133923 [PubMed - indexed for MEDLINE]

Crit Care Nurs Q. 2004 Apr-Jun;27(2):201-4.

Patient empowerment.  
Funnell MM.  
Michigan Diabetes Research and Training Center, University of Michigan Medical School, 1331 E Ann St, Rm 5111, Box 0830, Ann Arbor, MI 48109, USA.  
mfunnell@med.umich.edu  
Patient empowerment is defined as helping people to discover and use their own innate ability to gain mastery over their diabetes (Funnell MM, Anderson RM).

Diabetes Educ. 1991;17:37-41). While you cannot empower a patient, nurses can use strategies that will assist patients in this process. These include providing education for informed decision-making, assisting patients to weight costs and benefits of various treatment options, setting self-selected behavioral goals, and providing information about the importance of their role in self-management (Funnell et al. Diabetes Educ. 2003;29:454-464). The skills needed by nurses include asking questions in order to understand the patients' fears, concerns, and priorities, listening to responses, and educating and supporting patients for on-going self-management.

PMID: 15137362 [PubMed - indexed for MEDLINE]

Dig Dis Sci. 2004 Mar;49(3):453-8.

Comparison of health-related quality of life preferences between physicians and cirrhotic patients: implications for cost-utility analyses in chronic liver disease.

Wells CD, Murrill WB, Arguedas MR.

Department of Medicine, University of Alabama at Birmingham, Birmingham, Alabama, USA.

Accurate assessment of utilities to calculate quality-adjusted life expectancy for medical interventions is needed in cirrhosis. To date, limited data exist in cirrhotics and are generally physician-assigned. Therefore, our aim was to determine utilities for six clinical scenarios in cirrhosis and to define if differences exist in utilities assigned by physicians versus patients. We administered a questionnaire to 83 physicians and 114 cirrhotics to obtain utilities using the time trade-off method for (1) compensated cirrhosis, (2) decompensated cirrhosis, (3) encephalopathy, (4) spontaneous bacterial peritonitis, (5) variceal bleeding, and (5) hepatocellular carcinoma. On a scale from 0 (death) to 1 (perfect health), mean utilities of physicians and patients were compared using the Student t test. One-way analysis of variance was used to compare the utilities between patients according to Child-Pugh class.

Statistical significance was defined as a P value <0.05. The mean age of the physicians was 42 +/- 11, with 52% being male. The mean age of the patients was 52 +/- 9; with 59% male. The mean Child-Pugh score was 8 +/- 2 and HCV was the most common etiology (54%). The mean utilities for physicians and patients were as follows: CC, 0.78 vs. 0.88; DC, 0.55 vs. 0.74; E, 0.38 vs. 0.55; SBP, 0.33 vs. 0.45; VB, 0.27 vs. 0.40; and HCC, 0.19 vs. 0.30. All comparisons were statistically significant. Although physicians and patients assigned similar relative rankings to each health state, physicians assigned utilities were significantly different from those assigned by patients. These results suggest that studies that have used physician-assigned utilities do not accurately reflect patient preferences.

PMID: 15139497 [PubMed - indexed for MEDLINE]

Fam Pract Manag. 2004 Apr;11(4):73-4.

Online communication with patients: making it work.

Scherger JE.

University of California, San Diego, USA.

PMID: 15101158 [PubMed - indexed for MEDLINE]

Geriatrics. 2004 May;59(5):38, 41-2.

Sharing the diagnosis of Alzheimer's disease: methods and expectations. Breaking news to patients requires patience and sensitivity to their needs.

Samuels SC.

Department of Psychiatry, Mount Sinai School of Medicine, New York, USA.

PMID: 15152735 [PubMed - indexed for MEDLINE]

Health Care Strateg Manage. 2004 Mar;22(3):1, 12-5.

Patient satisfaction: eight problems & suggestions.

MacStravic S.

PMID: 15088469 [PubMed - indexed for MEDLINE]

Holist Nurs Pract. 2004 Mar-Apr;18(2):87-94.

Compassionate clinicians: take patient care beyond the ordinary.

Graber DR, Mitcham MD.

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This study sought to identify specific actions, interventions, and interpersonal relationships with patients exhibited by a group of compassionate healthcare clinicians. Researchers interviewed 24 hospital clinicians who were identified by administrators as being exemplary in caring and compassion. Analysis of qualitative data indicated that the clinicians do not attempt to distance themselves, but develop warm, empathic relationships with patients. Participating clinicians did not appear to sacrifice objectivity in practicing compassionate care, but were able to integrate the mind and heart in their work. Based on the qualitative analyses, researchers developed a preliminary model of affective clinician/patient interactions.

Publication Types:

Multicenter Study

PMID: 15127778 [PubMed - indexed for MEDLINE]

Hosp Case Manag. 2004 May;12(5):71-4.

Program targets patient, physician satisfaction.

[No authors listed]

PMID: 15108637 [PubMed - indexed for MEDLINE]

Hosp Case Manag. 2004 May;12(5):69-70, 78.

Delight internal customers with top-rate service.

Spath P.

Brown-Spath & Associates, Forest Grove, OR, USA.

PMID: 15108636 [PubMed - indexed for MEDLINE]

J Clin Oncol. 2004 May 1;22(9):1759-62.

Treatment decision aids in advanced cancer: when the goal is not cure and the answer is not clear.

Leighl NB, Butow PN, Tattersall MH.

Department of Medical Oncology, Princess Margaret Hospital/University Health Network, University of Toronto, Ontario, Canada M5G 2M9.

Natasha.Leighl@uhn.on.ca

Publication Types:

Case Reports

PMID: 15118002 [PubMed - indexed for MEDLINE]

J Clin Oncol. 2004 May 1;22(9):1736-42.

Individuals with an increased risk of colorectal cancer: perceived benefits and psychological aspects of surveillance by means of regular colonoscopies.

Liljegren A, Lindgren G, Brandberg Y, Rotstein S, Nilsson B, Hatschek T, Jaramillo E, Lindblom A.

Department of Clinical Oncology, Karolinska University Hospital, Karolinska Institute, Stockholm, Sweden. annelie.liljegren@telia.com

**PURPOSE:** To evaluate the psychological consequences of genetic counseling followed by a surveillance program using colonoscopy among individuals with increased risk of colorectal cancer. **PATIENTS AND METHODS:** Two hundred sixty-five individuals, participating in a surveillance program with colonoscopy, were mailed a survey questionnaire that assessed their experience of the surveillance program and their perception of the risk of colorectal cancer. The Hospital Anxiety and Depression scale and the Swedish Short Form-36 Health Survey was also included. **RESULTS:** Two hundred forty individuals completed the questionnaire and were divided into the following risk groups: risk group 1, an individual with a mutation in hMLH1 or hMSH2 and a lifetime colorectal cancer risk of 80% (n = 28); risk group 2, a lifetime colorectal cancer risk of 40% (n = 129); and risk group 3, a lifetime colorectal cancer risk of 20% (n = 83). Among all individuals, the mean for perceived benefit was 8.0, and the perception of discomfort was 3.3 on the visual analog scale (1-10). In risk group 1, 61% underestimated personal risks as being 40% or less. Approximately 50% of the subjects in risk groups 2 and 3 either under- or overestimated their lifetime risk. According to the Swedish Short Form-36 Health Survey and the Hospital Anxiety and Depression scale, the study sample resembled the reference population. **CONCLUSION:** A majority of the study sample understood why they were under surveillance, and regular colonoscopies were well-tolerated. The wide range of risk perception as well as low-risk perception in mutation positive subjects is acceptable, as long as these individuals adhere to surveillance programs and do not demonstrate increased levels of anxiety or depression.

PMID: 15117997 [PubMed - indexed for MEDLINE]

J Clin Oncol. 2004 May 1;22(9):1721-30.

Cancer patient preferences for communication of prognosis in the metastatic setting.

Hagerty RG, Butow PN, Ellis PA, Lobb EA, Pendlebury S, Leighl N, Goldstein D, Lo SK, Tattersall MH.

Medical Psychology Research Unit and Department of Medicine, University of Sydney, Sydney, New South Wales, Australia.

**PURPOSE:** To identify preferences for and predictors of prognostic information among patients with incurable metastatic cancer. **PATIENTS AND METHODS:** One hundred twenty-six metastatic cancer patients seeing 30 oncologists at 12 outpatient clinics in New South Wales, Australia, participated in the study. Patients were diagnosed with incurable metastatic disease within 6 weeks to 6



months of recruitment. Patients completed a survey eliciting their preferences for prognostic information, including type, quantity, mode, and timing of presentation; anxiety and depression levels; and information and involvement preferences. RESULTS: More than 95% of patients wanted information about side effects, symptoms, and treatment options. The majority wanted to know longest survival time with treatment (85%), 5-year survival rates (80%), and average survival (81%). Words and numbers were preferred over pie charts or graphs. Fifty-nine percent (59%) wanted to discuss expected survival when first diagnosed with metastatic disease. Thirty-eight percent and 44% wanted to negotiate when expected survival and dying, respectively, were discussed. Patients with higher depression scores were more likely to want to know shortest time to live without treatment ( $P = .047$ ) and average survival ( $P = .049$ ). Lower depression levels were significantly associated with never wanting to discuss expected survival ( $P = .03$ ). Patients with an expected survival of years were more likely to want to discuss life expectancy when first diagnosed with metastases ( $P = .02$ ). CONCLUSION: Most metastatic cancer patients want detailed prognostic information but prefer to negotiate the extent, format, and timing of the information they receive from their oncologists.  
PMID: 15117995 [PubMed - indexed for MEDLINE]

J Clin Oncol. 2004 May 1;22(9):1713-20.

Randomized clinical trial of the effectiveness of a self-care intervention to improve cancer pain management.  
Miaskowski C, Dodd M, West C, Schumacher K, Paul SM, Tripathy D, Koo P.  
Department of Physiological Nursing, School of Nursing, University of California, San Francisco, CA 94143-0610, USA. [chris.miaskowski@nursing.ucsf.edu](mailto:chris.miaskowski@nursing.ucsf.edu)  
PURPOSE: This randomized clinical trial tested the effectiveness of the PRO-SELF Pain Control Program compared with standard care in decreasing pain intensity scores, increasing appropriate analgesic prescriptions, and increasing analgesic intake in oncology outpatients with pain from bone metastasis. PATIENTS AND METHODS: Patients were randomly assigned to the PRO-SELF intervention ( $n = 93$ ) or standard care ( $n = 81$ ). Patients in the standard care arm were seen by a research nurse three times and were called three times by phone between the home visits. PRO-SELF group patients were seen by specially trained intervention nurses and received a psychoeducational intervention, were taught how to use a pillbox, and were given written instructions on how to communicate with their physician about unrelieved pain and the need for changes in their analgesic prescriptions. Patients were coached during two follow-up home visits and three phone calls on how to improve their cancer pain management. RESULTS: Pain intensity scores decreased significantly from baseline (all  $P < .0001$ ) in the PRO-SELF group (ie, least pain, 28.4%; average pain, 32.5%; and worst pain, 27.0%) compared with the standard care group (ie, least increased by 14.6%, average increased by 1.9%, and worst decreased by 1.2%). The percentage of patients in the PRO-SELF group with the most appropriate type of analgesic prescription increased significantly from 28.3% to 37.0% ( $P = .008$ ) compared with a change from 29.6% to 32.5% in the standard care group. CONCLUSION: The use of a psychoeducational intervention that incorporates nurse coaching within the framework of self-care can improve the management of cancer pain.  
Publication Types:

Clinical Trial

Multicenter Study

Randomized Controlled Trial

PMID: 15117994 [PubMed - indexed for MEDLINE]

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J Med Internet Res. 2004 Jan 20;6(1):e2.

Online consumer surveys as a methodology for assessing the quality of the United States health care system.

Bethell C, Fiorillo J, Lansky D, Hendryx M, Knickman J.

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**BACKGROUND:** Interest in monitoring the quality of health care in the United States has increased in recent years. However, the policy objectives associated with collecting this information are constrained by the limited availability of timely and relevant data at a reasonable cost. Online data-collection technologies hold the promise of gathering data directly and inexpensively from large, representative samples of patients and consumers. These new information technologies also permit efficient, real-time assessment in such areas as health status, access to care, and other aspects of the care experience that impact health outcomes. **OBJECTIVE:** This study investigates the feasibility, validity, and generalizability of consumer online surveys to measure key aspects of health care quality in the United States. **METHODS:** Surveys about the health and health care experiences of a general adult population and of adults with diabetes were administered online and by telephone. The online survey drew from a sample frame of nearly 1 million consumers and used a single e-mail notification. The random-digit-dial methodology included 6 follow-up calls. Results from the online sample were compared to the telephone sample and to national benchmark data. **RESULTS:** Survey responses about quality of care collected using online and telephone methods were commensurate once they were weighted to represent the demographic distribution of the 2000 United States Census. Expected variations in health and health care quality across demographic and socioeconomic groups were largely observed, as were hypothesized associations among quality indicators and other variables. Fewer individuals were required to be contacted to achieve target sample sizes using online versus telephone methods. Neither method yielded representative cohorts of nonwhite individuals. **CONCLUSIONS:** Conclusions about the level and variations in health care quality in the United States are similar using data collected in this study compared to data collected using other telephone-based survey methods. As is typical for national telephone surveys conducted by the National Center for Health Statistics, stratified sampling and weighting of survey responses is necessary for results to be generalizable. Online methods are more appropriate for understanding health care quality than for conducting epidemiologic assessments of health in the United States.

Publication Types:

Validation Studies

PMID: 15111268 [PubMed - indexed for MEDLINE]

J Med Pract Manage. 2004 Mar-Apr;19(5):247-51.

Physician use of e-mail: the telephone of the 21st century?

Meyer M.

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E-mail, as an element of a physician's clinical practice, can provide the means to accomplish a variety of tasks more effectively and more efficiently, increasing patients' involvement in their care and optimizing face-to-face office time. Concerns about billing, improper use, privacy, and confidentiality

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have complicated its introduction and acceptance. This article discusses guidelines proposed for clinical use of e-mail and barriers that will need to be overcome to move this mode of patient-physician communication into the mainstream.

PMID: 15152908 [PubMed - indexed for MEDLINE]

J Natl Cancer Inst. 2004 May 5;96(9):656-61.

Inside information: Financial conflicts of interest for research subjects in early phase clinical trials.

Helft PR, Ratain MJ, Epstein RA, Siegler M.

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In recent years, several research subjects have told us that they had bought or intended to buy stock in the companies sponsoring the clinical trials in which they were enrolled. This situation has led us to ask what, if any, are physician-investigators' scientific, ethical, and legal responsibilities concerning research subjects who choose to buy stock in the companies sponsoring the clinical trials in which they are participating. Although the scope of this problem is unknown and is likely to be small, this commentary examines the scientific, ethical, and legal concerns raised by such activities on the part of research subjects enrolled in early phase clinical trials. In addition, this commentary also outlines the basis for our opinion that research subjects involved in an early phase clinical trial should avoid the financial conflicts of interest created by trading stock in the company sponsoring the clinical trial.

Publication Types:

Review

Review, Tutorial

PMID: 15126602 [PubMed - indexed for MEDLINE]

J Nurs Manag. 2004 Jan;12(1):2-3.

Patient and public involvement in health: the vitality of nursing.

Robinson R.

Publication Types:

Editorial

PMID: 15101448 [PubMed - indexed for MEDLINE]

J Nurs Res. 2004 Mar;12(1):41-50.

A study of the empowerment process for cancer patients using Freire's dialogical interviewing.

Chang LC, Li IC, Liu CH.

Chang Gung Institute of Nursing, Department of Health Education, National Taiwan Normal University.

The aim of this study was to illustrate the empowering process for cancer patients through Freire ' s dialogical interviewing. Fifteen interviewees participated in interviews over a period of three months. Five themes of dialogical interviewing for the empowering process were adopted including building rapport, assessing disempowerment issues, facilitating critical

thinking, joint creation, resource connecting and positive feedback. Open-ended questions and participatory observation with reflective notes written by participants were used for data collecting. Constant comparison and content analysis were used for data analysis. The empowered outcomes at a personal level included redefining health, being confident, active involvement, revitalizing the sense of self, and the desire to live for themselves, negotiating the goals of one's care plan and having the strength to help others. On the basis of the empowered outcomes achieved through dialogical interviewing in this study, health professionals should apply this process to build partnerships with patients and help them to overcome the suffering caused by cancer. PMID: 15136962 [PubMed - indexed for MEDLINE]

JAMA. 2004 May 19;291(19):2359-66.

Communicating evidence for participatory decision making.

Epstein RM, Alper BS, Quill TE.

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CONTEXT: Informed patients are more likely to actively participate in their care, make wiser decisions, come to a common understanding with their physicians, and adhere more fully to treatment; however, currently there are no evidence-based guidelines for discussing clinical evidence with patients in the process of making medical decisions. OBJECTIVE: To identify ways to communicate evidence that improve patient understanding, involvement in decisions, and outcomes. DATA SOURCES AND STUDY SELECTION: Systematic review of MEDLINE for the

period 1966-2003 and review of reference lists of retrieved articles to identify original research dealing with communication between clinicians and patients and directly addressing methods of presenting clinical evidence to patients. DATA

EXTRACTION: Two investigators and a research assistant screened 367 abstracts and 2 investigators reviewed 51 full-text articles, yielding 8 potentially relevant articles. DATA SYNTHESIS: Methods for communicating clinical evidence to patients include nonquantitative general terms, numerical translation of clinical evidence, graphical representations, and decision aids. Focus-group data suggest presenting options and/or equipoise before asking patients about preferred decision-making roles or formats for presenting details. Relative risk reductions may be misleading; absolute risk is preferred. Order of information presented and time-frame of outcomes can bias patient understanding. Limited evidence supports use of human stick figure graphics or faces for single probabilities and vertical bar graphs for comparative information. Less-educated and older patients preferred proportions to percentages and did not appreciate confidence intervals. Studies of decision aids rarely addressed

patient-physician communication directly. No studies addressed clinical outcomes of discussions of clinical evidence. CONCLUSIONS: There is a paucity of evidence to guide how physicians can most effectively share clinical evidence with patients facing decisions; however, basing our recommendations largely on related studies and expert opinion, we describe means of accomplishing 5 communication tasks to address in framing and communicating clinical evidence: understanding the patient's (and family members') experience and expectations; building partnership; providing evidence, including a balanced discussion of uncertainties; presenting recommendations informed by clinical judgment and patient preferences; and checking for understanding and agreement.

Publication Types:

Review

Review, Academic  
PMID: 15150208 [PubMed - indexed for MEDLINE]

JAMA. 2004 May 12;291(18):2181-2.

Low health literacy called a major problem.

Vastag B.

Publication Types:

News

PMID: 15138230 [PubMed - indexed for MEDLINE]

Lancet. 2004 May 15;363(9421):1654.

More than I wanted to know.

Hill J.

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PMID: 15145654 [PubMed - indexed for MEDLINE]

Manag Care Interface. 2004 Mar;17(3):44-6.

Patient satisfaction with point-of-care international normalized ratio testing and counseling in a community internal medicine practice.

Chaudhry R, Scheitel SM, Stroebe RJ, Santrach PJ, Dupras DM, Tangalos EG. Division of Community Internal Medicine, Mayo Clinic, Rochester, Minnesota 55905, USA.

Point-of-care international normalized ratio (POC INR) testing is increasingly used to monitor anticoagulant therapy. This study assessed patient satisfaction with registered nurse--managed POC INR testing in a primary care internal medicine practice. One hundred eighty-seven of the first 216 (87%) patients using the program responded to the survey. The respondents were surveyed for satisfaction after they had experienced the nurse-managed POC INR system at the Mayo Clinic, Rochester, Minnesota, for one month. Eighty-eight percent of patients indicated that they were very satisfied or satisfied with the POC INR system. The authors conclude that nurse-managed POC INR testing is quick, convenient, less painful, and more satisfying for patients compared with traditional venipuncture and telephone follow-up.

PMID: 15098551 [PubMed - indexed for MEDLINE]

Med Econ. 2004 Apr 23;81(8):72.

The risks of being a "patient advocate".

Johnson LJ.

lj@bestweb.net

PMID: 15146707 [PubMed - indexed for MEDLINE]

Med Econ. 2004 Apr 9;81(7):27-30.

How to discuss end-of-life care. Here's a guide to making advance care planning

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a part of your practice.  
Guglielmo WJ.  
PMID: 15124296 [PubMed - indexed for MEDLINE]

Mod Healthc. 2004 Apr 26;34(17):21.

Beyond safety. Patient trust and loyalty are byproducts of patients' overall experience.

Kolb M.  
Kern Medical Center, Bakersfield, Calif., USA.  
PMID: 15146598 [PubMed - indexed for MEDLINE]

N Engl J Med. 2004 Apr 22;350(17):1705-7.

Electrons in flight--e-mail between doctors and patients.  
Delbanco T, Sands DZ.  
Beth Israel Deaconess Medical Center and Harvard Medical School , Boston, USA.  
PMID: 15102994 [PubMed - indexed for MEDLINE]

Nurs Econ. 2004 Mar-Apr;22(2):75-80.

A model for testing the relationship of nursing care and patient outcomes.  
Yen M, Lo LH.  
Studying patient outcomes alone may not provide enough information to determine the associated factors that must be improved when the desired patient outcomes are not achieved. The purpose of this correlational study was to investigate the effects of perceived quality of nursing care and coordination of care on patients' comfort, satisfaction, and length of hospital stay. The overall model-data fit was good according to four indices: the chi-square value, goodness of fit index, adjusted goodness of fit index, and the Steigers root square error of approximation. The proposed model, effects of care quality on patient outcomes, was tested. The relationship between quality of nursing care and the proposed outcomes was tested. The results provide important information to the nursing profession and policymakers in meeting patient care needs.  
PMID: 15108476 [PubMed - indexed for MEDLINE]

Nurs Econ. 2004 Mar-Apr;22(2):71-4, 55.

Emergency department: improving patient satisfaction.  
Walrath JM, Tomallo-Bowman R, Maguire JM.  
Patient Care Services/CNO Virginia Hospital Center, Arlington, VA, USA.  
A process improvement initiative aimed at decreasing emergency department (ED) length of stay (LOS) and thereby improving patient satisfaction was implemented. Any attempt to improve ED LOS requires intense focus on the goal and involvement of many departments of the hospital. While the LOS targets were not met, decreasing the LOS to the achieved levels resulted in the highest levels of patient satisfaction ever achieved and sustained in the ED.  
PMID: 15108475 [PubMed - indexed for MEDLINE]

Nurs Older People. 2004 Apr;16(2):18-21.

Touch: a fundamental aspect of communication with older people experiencing dementia.

Gleeson M, Timmins F.

St Patrick's Hospital, Dublin.

Publication Types:

Review

Review, Tutorial

PMID: 15119153 [PubMed - indexed for MEDLINE]

Nurs Times. 2004 Apr 27-May 3;100(17):33-5.

How patient involvement in care is improving service provision.

Kaur B.

Bradford Royal Infirmary.

An emphasis on public and service-user involvement runs through the core initiatives of the modernisation agenda as outlined in The NHS Plan (Department of Health, 2000) and related policy documents. This article discusses problems that have prevented the NHS from being responsive to the views of service users and what the implementation of policies can offer in terms of overcoming such problems. In addition, initiatives and other ways of identifying and delivering public or patient needs are considered.

PMID: 15137311 [PubMed - indexed for MEDLINE]

Orthop Nurs. 2004 Mar-Apr;23(2):150-3.

Functional health illiteracy. Ethical concerns.

Erlen JA.

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Functional health illiteracy is a silent disability demanding the attention of healthcare professionals because it affects millions of people in the United States. Patients are reluctant to disclose this problem because they fear discrimination and stigmatization. Inadequate health literacy raises ethical questions because it is a barrier to healthcare and results in poor health outcomes. The purposes of this article are to provide an overview of functional health illiteracy, identify related ethical concerns, and discuss selected, relevant nursing implications. Nurses are in a unique position to serve as advocates, mediators, and translators for their patients who are functionally health illiterate.

PMID: 15103803 [PubMed - indexed for MEDLINE]

Patient Educ Couns. 2004 Feb;52(2):209-15.

The development and preliminary evaluation of a decision aid based on decision analysis for two treatment conditions: benign prostatic hyperplasia and hypertension.

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This paper discusses the development and evaluation of a computerised decision

aid that provides individualised information about Benign Prostatic Hyperplasia (BPH) and Hypertension to patients. The program is based on decision analysis, using decision trees as a way of providing users with information regarding the probability of different outcomes occurring, obtaining an individual evaluation of the different outcomes, before providing guidance on what might be the 'best' option for that patient. It is intended that the program can be used as the basis for helping patients to become more involved in decisions about their medical treatment. Eight health care professionals and 19 patients (9 with BPH and 10 with Hypertension) evaluated the program. Overall it was assessed positively by both health care professionals and patients. However, before it can be integrated into health care practice, the program is to be evaluated further in a randomised trial.

Publication Types:

Evaluation Studies

PMID: 15132527 [PubMed - indexed for MEDLINE]

Patient Educ Couns. 2004 Feb;52(2):201-7.

The Patient Perspective Survey (PPS): a new tool to improve consultation outcome and patient involvement in general practice patients with complex health problems. Psychometric testing and development of a final version.

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The Patient Perspective Survey (PPS) is designed to enhance consultation outcome and patient participation among general practice patients with complex health problems. This article presents the final version of the survey. This version is more condensed, tested for psychometric and clinical properties, and with increased emphasis on coping. The development and testing was performed in two phases with two groups of GPs and patients. Indications for use and criteria for rejection of items were defined, based on comprehensive data analysis and clinical judgement. The number of items was reduced to 38 items. The majority of diagnoses were related to psychosocial or musculoskeletal disorders. For the survey's main dimensions (psychological and somatic items, everyday life situation and coping) sound psychometric properties were identified. Seven open-ended questions were found useful for obtaining important new information and stimulating processes, often related to coping aspects. The revised 38-item PPS represents a condensed and final version, with increased focus on coping, and sound psychometric properties.

Publication Types:

Validation Studies

PMID: 15132526 [PubMed - indexed for MEDLINE]

Patient Educ Couns. 2004 Feb;52(2):169-74.

How do patients with rheumatic disease experience their relationship with their doctors? A qualitative study of experiences of stress and support in the doctor-patient relationship.

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This study is evaluated what patients with rheumatic disease perceive as important in their medical encounters. We interviewed two groups of patients:



one with a well-defined inflammatory condition (rheumatoid arthritis (RA) or ankylosing spondylitis) (n = 12) and one with non-inflammatory widespread chronic pain such as fibromyalgia (n = 14). Both groups focused on their relationship to their doctor. Two central themes emerged as of importance: 'to be seen' and 'to be believed'. However, these themes had different connotations for the two groups. For the patients with inflammatory conditions, 'to be seen' implied being seen as an individual and not as a mere diagnosis, and 'to be believed' as far as pain and suffering were concerned. For patients with non-inflammatory chronic pain 'to be seen' and 'to be believed' primarily implied being able to obtain a useful somatic diagnosis. Practical implications of these findings are discussed.

PMID: 15132522 [PubMed - indexed for MEDLINE]

Prof Nurse. 2004 Apr;19(8):466-8.

Understanding patients' beliefs and goals in medicine-taking.

Tsoneva J, Shaw J.

The traditional paternalistic approach to health care ignores the individual needs of patients and results in many of them failing to take up treatment. Concordance, which centres on enabling patients to make informed decisions about all aspects of health care with the support of health professionals, is one approach increasingly being introduced in health-care settings.

PMID: 15116506 [PubMed - indexed for MEDLINE]

Prof Nurse. 2004 Apr;19(8):442-5.

The role of health professionals in supporting expert patients schemes.

Thomas S.

A diagnosis of chronic disease can be devastating. Health-care professionals are one part of the team centred on supporting the person through that illness. Lay-led-self-management programmes are another strand. This paper focuses on expert patients programmes and the importance of integrating self-management into current health-care provision.

Publication Types:

Review

Review, Tutorial

PMID: 15116499 [PubMed - indexed for MEDLINE]

Qual Lett Healthc Lead. 2004 Mar;16(3):2-9, 1.

Putting existing data to work to improve quality care.

[No authors listed]

In the healthcare environment, it's data, data everywhere. There are financial data, insurance data, employee data, clinical data, and so on. But when a healthcare organization wants more data on how it can improve quality care, does that mean it has to add more hardware, software, and personnel to monitor and analyze all the new data? Not necessarily. Some healthcare organizations are finding that they can use the data they already have--with a little help--to tell them how they are doing, how they can improve, and what they can anticipate.

PMID: 15088454 [PubMed - indexed for MEDLINE]

Surg Neurol. 2004 May;61(5):494-6.

The power of the doctor, the vulnerability of the patient, and informed consent.  
Osuch JR.

Publication Types:

Editorial

PMID: 15120240 [PubMed - indexed for MEDLINE]

Surg Neurol. 2004 May;61(5):455-9; discussion 459.

E-mail consultation: clinical, financial, legal, and ethical implications.

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**BACKGROUND:** Communication via e-mail has become widespread. Nearly every practicing neurosurgeon is confronted with numerous unsolicited e-mail requests for medical advice, guidance, or information. Neurosurgeons need to be aware of the clinical, financial, legal, and ethical implications of providing medical consultation via e-mail. **METHODS:** A literature review of the penetration of e-mail consultation in medical practice was performed. The data on the potential for reimbursement for provision of these services is presented. Precedents for legal liability are discussed, and issues of compliance with HIPAA regulations are reviewed. **RESULTS:** Communication between patients and physicians via e-mail is increasing in prevalence, and a substantial number of physicians are providing medical information via e-mail consultation. Billing for online consultation has been approved by the American Medical Association, and several medical insurance carriers are evaluating the economic consequences of reimbursement for e-mail consultation. E-mail consultation raises potential medico-legal concerns, including establishment of the physician-patient relationship, malpractice liability, and HIPAA compliance. **CONCLUSIONS:** The increasing prevalence of e-mail consultation raises new concerns for neurosurgeons. Some of these concerns have yet to be addressed by regulatory commissions or in the courts. If used appropriately, e-mail communication can facilitate physician-patient interactions, improve access to care, save time for each interaction, and possibly reduce costs of care.

PMID: 15120220 [PubMed - indexed for MEDLINE]

Tex Med. 2004 Mar;100(3):50-7.

Access, attitudes, and concerns of physicians and patients toward e-mail use in health-related communication.

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The Internet is likely to play a key role in future health care-related communication. The challenge for health care institutions is to determine how to use this technology most effectively without disturbing the delicate physician-patient relationship. As the first step to implementing the use of this technology, we explored the access, attitudes, and concerns both of physicians and patients regarding e-mail use for health care-related communication. At The University of Texas Medical Branch at Galveston, we

administered a questionnaire survey to faculty and residents in the Internal Medicine and Pediatrics departments and to the patients seen in the resident clinics. The results indicate that only a select group of physicians and patients might be ready to use e-mail for health care reasons. Most patients did not have access to the Internet and had no experience using e-mail. Though all physicians use e-mail, they were concerned about using it for health-related communication.

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